

Big Bend Community Organizations Active in Disaster (COAD) Agency Registration

When complete, please fax to: (850) 606-1971 Attn: Jeri Bush

1. Please tell us what services in the community your organization provides.

2. How many people does your organization serve? _____

3. What area(s) does your organization serve? (circle all that apply)

National State Big Bend Area Leon County Tallahassee

4. Does your organization provide services in a language other than English?

Yes No

If so, list the language(s) _____

5. Does your organization use volunteers? Yes No

If not, would staff be used to provide services? Yes No

6. Does your organization have a volunteer coordinator(s)? Yes No

If yes, please list their name(s) and contact information.

7. Has your organization's staff or volunteers received training in any of the following?
(circle all that apply)

Basic First Aid CPR/AED Disaster Response

Community Preparedness Volunteer Management Training

Other: _____

8. Would you be willing to hold training/meetings in your facilities? Yes No

Please check the capability that your organization may provide in times of disasters.

Capability	Yes	No	Please list any additional services
Animal Services			
Building Materials			

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Case Work			
Chain Saw Team			
Child Care			
Clearing Materials			
Clothing			
Communication Equipment			
Debris Removal			
Disaster Financial Assistance			
Disaster Stress Mgmt			
Donation Mgmt			
Dry Wall Removal			
Emotional/Spiritual Support			
Food Distribution			
Heavy Equipment			
Household Goods			
Interpreters (specify)			
Incident Mgmt Team			
Information and Referral			
Long Term Recovery			
Mass Feeding			
Pantry Operations			
Pet/ Animal Ops			
Point of Distribution Team			
Portable Generators			
Roof Repairs (Tarps)			
Safety Training			
Shelter Management			
Strike Teams			
Temporary Housing			
Transportation (vans, buses, etc.)			
Unaffiliated Volunteer Mgmt.			
Unsolicited Donations			
Warehouses			
Disaster Readiness Plan			

Big Bend COAD Contact Information

Organization Name	
Address	
City	
State	
Zip	
Phone Number	

Big Bend Community Organizations Active in Disaster (COAD) Agency Registration

Website	
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Primary Contact	Title:
Work Phone	
Home Phone	
Mobile Phone	
Fax Phone	
Pager	
Work E-Mail	
Home E-Mail	

Secondary Contact	Title:
Work Phone	
Home Phone	
Mobile Phone	
Fax Phone	
Pager	
Work E-Mail	
Home E-Mail	

Tertiary Contact	Title:
Work Phone	
Home Phone	
Mobile Phone	
Fax Phone	
Pager	
Work E-Mail	
Home E-Mail	

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Cooperative Commitment

A cooperative commitment between _____ and COAD.

_____ would like to work cooperatively with the Community Organizations Active in Disaster (COAD) of Big Bend.

1. We accept the purpose and program of COAD and subscribe to the principles of the COAD.
2. We wish to use the COAD logo for identification purposes during time of disaster.
3. We have a disaster program to commit resources to meet the needs of people affected by disasters without discrimination.
4. We will participate in conferences and/or other meetings and participate in COAD activities/exercises.
5. We will keep COAD informed of any changes in our staff. This will include phone numbers, fax numbers, and email addresses for points of contacts in our organization. We agree to keep COAD advised of any operational changes as it pertains to disaster readiness in our organization as well.
6. We understand that this is a continual agreement effective _____ and remaining in effect until one party or the other requests a discontinuation.

Signature of Representative

Signature of COAD Officer

Printed Name

Printed Name